

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09741316	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5	1					55			
6	1					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11	1					61			
12	1					62			
13	1					63			
14	1					64			
15	1					65			
16	1					66			
17	1					67			
18	1					68			
19	1					69			
20	1					70			
21	1					71			
22	1					72			
23	1					73			
24	1					74			
25	1					75			
26	1					76			
27	1					77			
28	1					78			
29	1					79			
30	1					80			
31	1					81			
32	1					82			
33	1					83			
34	1					84			
35	1					85			
36	1					86			
37	1					87			
38	1					88			
39	1					89			
40	1					90			
41	1					91			
42	1					92			
43	1					93			
44	1					94			
45	1					95			
46	1					96			
47	1					97			
48						98			
49						99			
50						100			
TOTAL IND.	6					TOTAL IND.			
TOTAL DEP.	11	↔	↔	↔		TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	17					TOTAL CLAIMS			